

\$ 1058.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
01 MAY 11 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P10501

1. Corporation Name  
TTF SYSTEMS, INC.

2. Principal Office Address  
3030 HIGH RIDGE ROAD

Suite, Apt. #, etc.  
SUITE 100

City & State  
BOYNTON BEACH, FL

Zip  
33426

Country

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09-01

4. Date Incorporated or Qualified To Do Business in Florida  
3/21/1988

5. FEI Number  
58-1755990

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RICHARD C. FORD  
Street Address (P.O. Box Number is Not Acceptable): 3030 HIGH RIDGE ROAD  
Suite, Apt. #, Etc.: SUITE 100  
City: BOYNTON BEACH  
State: FL  
Zip Code: 33426  
900.00-ADM  
61.25-AR  
88.75-ARSL-PP

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  
Signature of Registered Agent: [Signature]  
Date: 5/9/01  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	RICHARD C FORD	SAME	600004342246--2 -06205701--01087--005 ***1058.75 ***1058.75
VP	RICK FORD	SAME	
D	BYRON LEFEBVRE	SAME	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 5/9/01  
Daytime Phone #: 561-547-9499